

## CONFIDENTIAL

## INPUT Questionnaire

Project Code/Catalog No.

Y W E H C  
     Study Title: HealthCare Service

Interviewer Initials

  

Type of Interview:

Interview Date

1 2 3 4 5 6 7 8

Vendor    Telephone  
 User    On-Site  
 Other    Mail

QC Initials

  

QC Date

QC Date

   

Data Entry Initials

  

Data Entry Date

   Company: Foundation Health Corp

Sic code:

6321

Address: 3400 Data DriveCompany Type: 1.1 Billion

# Employees: \_\_\_\_\_

City/State/Zip: Rancho Cordova Ca 95670-7956Main Phone: 916 631 5000 FAX # \_\_\_\_\_

Respondent(s):

Name

Title

Phone/Ext.

Owen Brandt   vp of MIS   916-631-5000

Referrals:

Industry (User Interviews Only):

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale       | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input type="checkbox"/> Medical         | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services        | <input type="checkbox"/> Cross-Industry           |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education       |   |

Comments:



## INTERVIEW GUIDE - YWLHC

### OPENING

INPUT is currently talking to a significant number of healthcare providers regarding their requirements for, and interest in, a computer based offering which addresses the efficient processing and management of business transactions between providers of healthcare services (hospitals, group practices, individual doctors, etc.) and other industry participants such as insurance carriers, clinical laboratories, specialty physicians, HMOs/PPOs. I would like to take about 10 minutes of your time to inquire about your current approach to managing these types of activities, and to get your opinion on what kinds of capabilities you feel would be of significant value in simplifying your business interactions with patients and other participants in the healthcare community.

In return for your generous contribution of time, INPUT will be sending you a 5 to 10 page synopsis of the results of this study.

### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? (Check appropriate category.)

|  |  |
|--|--|
| <input type="checkbox"/> Independent Physician       | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice        | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe):    | <hr/> <del>Small HMO</del>                                   |



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree your satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 4            | IGTDA QCARE             |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 4            | IGTDA QCARE             |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 5            | IGTDA QCARE             |
| 2.3 | Pre-adjudication Services Determination             | I          | A          | 5            | IGTDA QCARE             |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 4            | IGTDA QCARE             |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 4            | IGTDA QCARE             |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | I          | A          | 4            | IGTDA QCARE             |
| 2.7 | Single Entry Billing & A/R                          | I          | A          | 5            | IGTDA QCARE             |
| 2.8 | Accounts Payable                                    | I          | A          | 5            | IGTDA QCARE             |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    |            |            | Don't Do     | IGTDA                   |
| 3.0 | Patient Management & Scheduling                     |            |            | Don't Do     | IGTDA                   |
| 3.1 | Mgt. of Local Clinical Information                  |            |            | Don't Do     | IGTDA                   |
| 3.2 | Inventory Management                                | I          | M          | 3            | IGTDA                   |

*Revised by authorized*



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

*They have intelligent PC's*  
 Standalone PCs or Workstations *2000 Dumb terminals*  
 Local Area Network(s)  
 Minicomputer/Mainframe(s) with Dumb Workstations  
 Minicomputer/Mainframe(s) Connected to Local Area Network(s)  
 Other (Please Describe): Mid-range computer

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s)         |
|-----|-----------------------|---------------|--------------------------|
| 4.1 | PCs or Workstations   | 2000          |                          |
| 4.2 | Minicomputer(s)       |               |                          |
| 4.3 | Mainframe(s)          | 1             | HP                       |
| 4.4 | Local Area Network(s) |               | <del>HP</del> DON'T KNOW |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 5     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 5     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 5     |
| 5.7 | Single entry billing and accounts receivable                  | 5     |
| 5.8 | Practice management, including ad hoc reporting capability    | D.D.  |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | D.D.  |
| 6.0 | Management of local clinical information                      | D.D.  |
| 6.1 | Electronic funds transfer                                     | D.D.  |
| 6.2 | Interfaces to third party in-house applications               | D.D.  |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 3     |
| 6.4 | Electronic mail (including special interest documents)        | 4     |
| 6.5 | Automated updates of coding standards and software releases   | 4     |

Could you please list the four most important features or capabilities, including any not mentioned above.

*My new system*

6.6 Claims Adjudication  
 6.7 ██████████ Patient  
██████████ Eligibility  
 6.8 ██████████  
 6.9 \_\_\_\_\_



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

4

8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would a future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes

No

~~Do~~ <sup>4</sup> Do

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

00% computer functions \$ 5,000,000 out of 1.1 Billion

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.

2  
2

## INPUT Questionnaire

Project Code/Catalog No. YWLHC       Study Title: Healthcare ServicesInterviewer Initials TRB

Type of Interview:

Interview Date 02/06/92

Vendor    Telephone  
 User    On-Site  
 Other    Mail

QC Initials  QC Date  Data Entry Initials  Data Entry Date         

Company: Employers Health Ins. SIC Code: 6321  
 Address: 1100 Employers Blvd.  
Green Bay, Wi.  
54344-0001  
 Company Type: Sales: 598  
# Employees: 2100

City/State/Zip: \_\_\_\_\_

Main Phone: 414-336-1100 FAX # \_\_\_\_\_

## Respondent(s):

| Name                  | Title             | Phone/Ext.          |
|-----------------------|-------------------|---------------------|
| <u>Kicki Hakanson</u> | <u>Dept. mgt.</u> | <u>414-337-5461</u> |
|                       |                   |                     |
|                       |                   |                     |

Referrals: \_\_\_\_\_  
\_\_\_\_\_

## Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance      | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input type="checkbox"/> Medical              | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services             |   |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education            | <input type="checkbox"/> Cross-Industry           |

Comments: \_\_\_\_\_  
\_\_\_\_\_



## INTERVIEW GUIDE - YWLHC

### OPENING

INPUT is currently talking to a significant number of healthcare providers regarding their requirements for, and interest in, a computer based offering which addresses the efficient processing and management of business transactions between providers of healthcare services (hospitals, group practices, individual doctors, etc.) and other industry participants such as insurance carriers, clinical laboratories, specialty physicians, HMOs/PPOs. I would like to take about 10 minutes of your time to inquire about your current approach to managing these types of activities, and to get your opinion on what kinds of capabilities you feel would be of significant value in simplifying your business interactions with patients and other participants in the healthcare community.

In return for your generous contribution of time, INPUT will be sending you a 5 to 10 page synopsis of the results of this study.

### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? *(Check appropriate category.)*

|  |  |
|--|--|
| <input type="checkbox"/> Independent Physician       | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice        | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe):    | _____  |



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree your satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; *Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d"*)

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | 1          | A          | 5            |                         |
| 2.1 | Claims Preparation (Paper Submission)               | 1          | A          | 4            |                         |
| 2.2 | Claims Preparation (Electronic Submission)          | 1          | A          | 5            |                         |
| 2.3 | Pre-adjudication Services                           | 1          | A          | 4            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | 1          | A          | 5            |                         |
| 2.5 | Claims Inquiry Reporting                            | 1          | A          | 5            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | 1          | A          | 4            |                         |
| 2.7 | Single Entry Billing & A/R                          | 1          | A          | 4            |                         |
| 2.8 | Accounts Payable                                    | 1          | A          | 4            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    | ---        | ---        | ---          |                         |
| 3.0 | Patient Management & Scheduling                     | ---        | ---        | ---          |                         |
| 3.1 | Mgt. of Local Clinical Information                  | ---        | ---        | ---          |                         |
| 3.2 | Inventory Management                                | ---        | ---        | ---          |                         |

*According to the people I spoke to this company has developed its own programs.*



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

- Standalone PCs or Workstations
- Local Area Network(s)
- Minicomputer/Mainframe(s) with Dumb Workstations
- Minicomputer/Mainframe(s) Connected to Local Area Network(s)
- Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s) |
|-----|-----------------------|---------------|------------------|
| 4.1 | PCs or Workstations   | 500           | DTKL/IBM         |
| 4.2 | Minicomputer(s)       | 100000        | ?                |
| 4.3 | Mainframe(s)          | 2             | IBM              |
| 4.4 | Local Area Network(s) | 2             |                  |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 4     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 4     |
| 5.4 | Automated claims re-submission                                | 4     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 3     |
| 5.7 | Single entry billing and accounts receivable                  | 3     |
| 5.8 | Practice management, including ad hoc reporting capability    | 5     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | 4     |
| 6.0 | Management of local clinical information                      | 4     |
| 6.1 | Electronic funds transfer                                     | 3     |
| 6.2 | Interfaces to third party in-house applications               | 3     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 5     |
| 6.4 | Electronic mail (including special interest documents)        | 4     |
| 6.5 | Automated updates of coding standards and software releases   | 4     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 5.2 Claims prep. w/ electronic submission
- 6.7 5.5 Claims service & or reporting
- 6.8 5.8 Practice incl ad hoc reporting
- 6.9 6.3 Inventory - electronic re-ordering of supplies



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

5

8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would a future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes

No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

\_\_\_\_\_ %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.



## CONFIDENTIAL

## INPUT Questionnaire

Project Code/Catalog No.

Y W L H C      Study Title: Healthcare Services

Interviewer Initials

  

Type of Interview:

Interview Date

   

Vendor  Telephone  
 User  On-Site  
 Other  Mail

QC Initials

  

QC Date

  

Data Entry Initials

  

Data Entry Date

  Company: Chesapeake HealthPlan

Sic code:

6324Address: 814 lightstSales: 200Baltimore, Md.# Employees: 90021230-3963

City/State/Zip: \_\_\_\_\_

Main Phone: 410 539-8622

FAX # \_\_\_\_\_

Respondent(s):

NameTitlePhone/Ext.Darry SmithBus. Adm410-539-8622

Referrals:

Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance      | <input type="checkbox"/> State & Local Government |
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| <input type="checkbox"/> Utilities      | <input checked="" type="checkbox"/> Medical   | <input type="checkbox"/> Other Industry Specific  |
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Comments:



## INTERVIEW GUIDE - YWLHC

### OPENING

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|  |  |
|--|--|
| <input type="checkbox"/> Independent Physician       | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice        | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe):    | _____  |

\$100 -

\$500

\$200 -



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree you are satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

LAR *Rest base* V-1

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | 1          | A          | 4            | Co. uses own            |
| 2.1 | Claims Preparation (Paper Submission)               | 1          | A          | 5            | software only.          |
| 2.2 | Claims Preparation (Electronic Submission)          | 1          | A          | 5            |                         |
| 2.3 | Pre-adjudication Services                           | 1          | A          | 5            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | 1          | A          | 4            |                         |
| 2.5 | Claims Inquiry Reporting                            | 1          | A          | 4            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | 1          | A          | 5            |                         |
| 2.7 | Single Entry Billing & A/R                          | 1          | A          | 4            |                         |
| 2.8 | Accounts Payable                                    | 1          | A          | 4            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    |            |            |              |                         |
| 3.0 | Patient Management & Scheduling                     |            |            |              |                         |
| 3.1 | Mgt. of Local Clinical Information                  |            |            |              |                         |
| 3.2 | Inventory Management                                | 1          | A          | 3            |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

Standalone PCs or Workstations

Local Area Network(s)

Minicomputer/Mainframe(s) with Dumb Workstations

Minicomputer/Mainframe(s) Connected to Local Area Network(s)

Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s)   |
|-----|-----------------------|---------------|--------------------|
| 4.1 | PCs or Workstations   | 50            | <del>IBM</del> IBM |
| 4.2 | Minicomputer(s)       | 2             | IBM                |
| 4.3 | Mainframe(s)          | 2             | IBM & System 36    |
| 4.4 | Local Area Network(s) | 1             |                    |



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|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 4     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 4     |
| 5.4 | Automated claims re-submission                                | 4     |
| 5.5 | Claims inquiry services and/or reporting                      | 4     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 4     |
| 5.7 | Single entry billing and accounts receivable                  | 4     |
| 5.8 | Practice management, including ad hoc reporting capability    | —     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | —     |
| 6.0 | Management of local clinical information                      | —     |
| 6.1 | Electronic funds transfer                                     | 4     |
| 6.2 | Interfaces to third party in-house applications               | 5     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 5     |
| 6.4 | Electronic mail (including special interest documents)        | 4     |
| 6.5 | Automated updates of coding standards and software releases   | 5     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 6.5 Automated updates of coding standards and software releases.
- 6.7 5.2 Claims prep w/elect. submission
- 6.8 6.1 Elec. funds transfer.
- 6.9 6.3 Inv. mgmt w/elect. re-ordering of supplies.



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

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Yes

No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

\_\_\_\_\_ %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.



## CONFIDENTIAL

## INPUT Questionnaire

Project Code/Catalog No. 4 W L H C

Study Title: Health Care Services

Interviewer Initials JRS

Type of Interview:

Vendor    Telephone  
 User    On-Site  
 Other    Mail

Interview Date 12/27/92

QC Initials  QC Date  Data Entry Initials  Data Entry Date  Company: BC-B8 of montana

Sic code: \_\_\_\_\_

Address: 3360-10th ave. S

Company Type: \_\_\_\_\_

Great Falls, mt.Sales: over \$100 mil.59403-0000# Employees: 1100

City/State/Zip: \_\_\_\_\_

Main Phone: 406-791-4000

FAX # \_\_\_\_\_

Respondent(s):

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone/Ext. \_\_\_\_\_

Roger MortonSenior Director Computer Ops. 406-791-4000

Referrals:

Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance      | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input type="checkbox"/> Medical              | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services             | <input type="checkbox"/> Cross-Industry           |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education            |   |

Comments:



## INTERVIEW GUIDE - YWLHC

### OPENING

INPUT is currently talking to a significant number of healthcare providers regarding their requirements for, and interest in, a computer based offering which addresses the efficient processing and management of business transactions between providers of healthcare services (hospitals, group practices, individual doctors, etc.) and other industry participants such as insurance carriers, clinical laboratories, specialty physicians, HMOs/PPOs. I would like to take about 10 minutes of your time to inquire about your current approach to managing these types of activities, and to get your opinion on what kinds of capabilities you feel would be of significant value in simplifying your business interactions with patients and other participants in the healthcare community.

In return for your generous contribution of time, INPUT will be sending you a 5 to 10 page synopsis of the results of this study.

### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? *(Check appropriate category.)*

|  |  |
|--|--|
| <input type="checkbox"/> Independent Physician       | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice        | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe):    | <u>BC-B.S.</u>   |



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree you are satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 5            | In-house design         |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 5            | In progress             |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 5            |                         |
| 2.3 | Pre-adjudication Services                           | I          | A          | 5            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 5            |                         |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 5            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | I          | A          | 5            |                         |
| 2.7 | Single Entry Billing & A/R                          | I          | A          | 5            |                         |
| 2.8 | Accounts Payable                                    | I          | A          | 5            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    | —          | —          |              |                         |
| 3.0 | Patient Management & Scheduling                     | —          | —          |              |                         |
| 3.1 | Mgt. of Local Clinical Information                  | —          | —          |              |                         |
| 3.2 | Inventory Management                                | I          | A          | 4            |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

- Standalone PCs or Workstations
- Local Area Network(s)
- Minicomputer/Mainframe(s) with Dumb Workstations
- ~~Minicomputer~~ Mainframe(s) Connected to Local Area Network(s)
- Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s) |
|-----|-----------------------|---------------|------------------|
| 4.1 | PCs or Workstations   | 130           | IBM              |
| 4.2 | Minicomputer(s)       | —             |                  |
| 4.3 | Mainframe(s)          | 1             | IBM              |
| 4.4 | Local Area Network(s) | 3             | IBM Token Ring   |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 5     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 5     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 5     |
| 5.7 | Single entry billing and accounts receivable                  | 5     |
| 5.8 | Practice management, including ad hoc reporting capability    | —     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | —     |
| 6.0 | Management of local clinical information                      | —     |
| 6.1 | Electronic funds transfer                                     | 5     |
| 6.2 | Interfaces to third party in-house applications               | 4     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 4     |
| 6.4 | Electronic mail (including special interest documents)        | 3     |
| 6.5 | Automated updates of coding standards and software releases   | 5     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 6.5 Automated updates of coding standards & software releases
- 6.7 6.1 Electronic funds transfer
- 6.8 5.6 Electronic posting of EOB
- 6.9 5.1 Pt. & plan eligibility verification



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

5

8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes

No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

       %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.



## INPUT Questionnaire

Project Code/Catalog No. YWLHCStudy Title: Healthcare ServicesInterviewer Initials TRS

Type of Interview:

Interview Date 12/27/92

Vendor    Telephone  
 User    On-Site  
 Other    Mail

QC Initials       QC Date       Data Entry Initials       Data Entry Date       Data Entry Date       Data Entry Date       Company: CapitalCare Inc.

Sic code:

6324Address: 1921 Gallows Rd.  
Suite 900  
Vienna, Va.Company Type: under 100 milSales:       # Employees: 230City/State/Zip: 22182-3929Main Phone:        FAX #:       

## Respondent(s):

Name       Title       Phone/Ext.       


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Referrals:

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## Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance      | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input checked="" type="checkbox"/> Medical   | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services             | <input type="checkbox"/> Cross-Industry           |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education            |   |

Comments:

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## INTERVIEW GUIDE - YWLHC

### OPENING

INPUT is currently talking to a significant number of healthcare providers regarding their requirements for, and interest in, a computer based offering which addresses the efficient processing and management of business transactions between providers of healthcare services (hospitals, group practices, individual doctors, etc.) and other industry participants such as insurance carriers, clinical laboratories, specialty physicians, HMOs/PPOs. I would like to take about 10 minutes of your time to inquire about your current approach to managing these types of activities, and to get your opinion on what kinds of capabilities you feel would be of significant value in simplifying your business interactions with patients and other participants in the healthcare community.

In return for your generous contribution of time, INPUT will be sending you a 5 to 10 page synopsis of the results of this study.

### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? (Check appropriate category.)

|  |  |
|--|--|
| <input type="checkbox"/> Independent Physician       | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice        | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe):    | _____  |

*EB*  
Over \$100 mil -  
Over \$500 mil -



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree your satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 4            | uses only their         |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 4            | own software -          |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 4            | developed in house.     |
| 2.3 | Pre-adjudication Services                           | I          | A          | 5            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 4            |                         |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 4            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | I          | A          | 5            |                         |
| 2.7 | Single Entry Billing & A/R                          | I          | A          | 5            |                         |
| 2.8 | Accounts Payable                                    | I          | A          | 5            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    | -          |            |              |                         |
| 3.0 | Patient Management & Scheduling                     | I          | A          | 5            |                         |
| 3.1 | Mgt. of Local Clinical Information                  | I          | A          | 4            |                         |
| 3.2 | Inventory Management                                | I          | M          | 2            |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

Standalone PCs or Workstations

Local Area Network(s)

Minicomputer/Mainframe(s) with Dumb Workstations

Minicomputer/Mainframe(s) Connected to Local Area Network(s)

Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s) |
|-----|-----------------------|---------------|------------------|
| 4.1 | PCs or Workstations   | 48            | IBM              |
| 4.2 | Minicomputer(s)       | 0             | ~~~~~            |
| 4.3 | Mainframe(s)          | 1             | IBM              |
| 4.4 | Local Area Network(s) | 1             | IBM              |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 5     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 5     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 4     |
| 5.7 | Single entry billing and accounts receivable                  | 5     |
| 5.8 | Practice management, including ad hoc reporting capability    | 3     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | 5     |
| 6.0 | Management of local clinical information                      | 5     |
| 6.1 | Electronic funds transfer                                     | 4     |
| 6.2 | Interfaces to third party in-house applications               | 3     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 5     |
| 6.4 | Electronic mail (including special interest documents)        | 4     |
| 6.5 | Automated updates of coding standards and software releases   | 4     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 5.1 PT. & plan eligibility verification
- 6.7 5.3 Pre-adjudication services
- 6.8 5.7 Single entry billing & accounts receivable
- 6.9 6.2 Interfaces to 3rd party in-house application



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

5

8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would a future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes  No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes  No

9.1 If so, in what time frame?

1 - 2 Years  3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

\_\_\_\_\_ %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.



## INPUT Questionnaire

Project Code/Catalog No. YWLHCStudy Title: Healthcare ServicesInterviewer Initials TPS

Type of Interview:

Interview Date 01/08/92

Vendor    Telephone  
 User    On-Site  
 Other    Mail

QC Initials       QC Date       Data Entry Initials       Data Entry Date       

Company: Capital Health  
 Address: 201 High St  
Salem, Or.  
97301-3612

SIC Code: 6324  
 Company Type: Healthcare/med.  
 Sales: \$100,000,000  
 # Employees: 250

City/State/Zip: \_\_\_\_\_

Main Phone: 503-364-4868      FAX # \_\_\_\_\_

## Respondent(s):

| Name             | Title                   | Phone/Ext.          |
|------------------|-------------------------|---------------------|
| <u>Dave Sept</u> | <u>Supr. Sys. Prog.</u> | <u>503-364-4868</u> |

## Referrals:

## Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale          | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance    | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Insurance          | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input checked="" type="checkbox"/> Medical | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services           | <input type="checkbox"/> Cross-Industry           |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education          |   |

## Comments:

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## INTERVIEW GUIDE - YWLHC

### OPENING

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### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? *(Check appropriate category.)*

|   |  |
|---|--|
| <input type="checkbox"/> Independent Physician          | <input checked="" type="checkbox"/> HMO                      |
| <input type="checkbox"/> Small Group Practice Member    | <input type="checkbox"/> Small to Medium Sized Hospital      |
| <input type="checkbox"/> Large Group Practice           | <input type="checkbox"/> Major Hospital/Teaching Institution |
| <input type="checkbox"/> Other (Please Describe): _____ |  |

*ff*



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree you are satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 5            | FOX                     |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 2            |                         |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 3            |                         |
| 2.3 | Pre-adjudication Services                           | I          | A          | 4            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 4            |                         |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 4            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | I          | A          | 5            |                         |
| 2.7 | Single Entry Billing & A/R                          | I          | A          | 5            |                         |
| 2.8 | Accounts Payable                                    | I          | A          | 5            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    | I          | A          | 4            |                         |
| 3.0 | Patient Management & Scheduling                     | I          | A          | 4            |                         |
| 3.1 | Mgt. of Local Clinical Information                  | I          | A          | 4            |                         |
| 3.2 | Inventory Management                                | I          | A          | 4            |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

Standalone PCs or Workstations  
 Local Area Network(s)  
 Minicomputer/Mainframe(s) with Dumb Workstations  
 Minicomputer/Mainframe(s) Connected to Local Area Network(s)  
 Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s)       |
|-----|-----------------------|---------------|------------------------|
| 4.1 | PCs or Workstations   | 60            | <i>Hewlett Packard</i> |
| 4.2 | Minicomputer(s)       | 1             | <i>IBM</i>             |
| 4.3 | Mainframe(s)          | 0             | <i>—</i>               |
| 4.4 | Local Area Network(s) | 0             | <i>—</i>               |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 5     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 5     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 4     |
| 5.7 | Single entry billing and accounts receivable                  | 4     |
| 5.8 | Practice management, including ad hoc reporting capability    | 3     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | 5     |
| 6.0 | Management of local clinical information                      | 5     |
| 6.1 | Electronic funds transfer                                     | 5     |
| 6.2 | Interfaces to third party in-house applications               | 2     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 5     |
| 6.4 | Electronic mail (including special interest documents)        | 3     |
| 6.5 | Automated updates of coding standards and software releases   | 2     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 6.0 Mgt of local clinical info.
- 6.7 5.3 Pre-adjudication of services
- 6.8 5.1 Pt + plan eligibility verification
- 6.9 5.4 Automated claims re-submission



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

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8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would a future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes

No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

\_\_\_\_\_ %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.







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### DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? (Check appropriate category.)

Independent Physician

HMO

Small Group Practice Member

Small to Medium Sized Hospital

Large Group Practice

Major Hospital/Teaching Institution

Other (Please Describe) \_\_\_\_\_

*Salos over \$100 mil! ✓  
... , " \$50 mil!*



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree you are satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; *Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")*

*own software only*

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 5            |                         |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 5            |                         |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 4            |                         |
| 2.3 | Pre-adjudication Services                           | I          | A          | 5            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 5            |                         |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 5            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | A          | A          | 4            |                         |
| 2.7 | Single Entry Billing & A/R                          |            | A          | 4            |                         |
| 2.8 | Accounts Payable                                    |            | A          | 5            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    |            |            |              |                         |
| 3.0 | Patient Management & Scheduling                     |            |            |              |                         |
| 3.1 | Mgt. of Local Clinical Information                  |            |            |              |                         |
| 3.2 | Inventory Management                                | I          | A          |              |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

- Standalone PCs or Workstations
- Local Area Network(s)
- Minicomputer/Mainframe(s) with Dumb Workstations
- Minicomputer/Mainframe(s) Connected to Local Area Network(s)
- Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s) |
|-----|-----------------------|---------------|------------------|
| 4.1 | PCs or Workstations   | 200           | IBM              |
| 4.2 | Minicomputer(s)       | 2             | Digital          |
| 4.3 | Mainframe(s)          | 2             | IBM              |
| 4.4 | Local Area Network(s) | 3             | IBM              |



In the section which follows, we'll be presenting various functions and capabilities of a proposed offering intended to provide the capabilities we discussed earlier through an integrated package of software to be used in-house and network based outside services. We would like to get your impression of the value of each function or capability on a scale of 1 - 5, with a 1 indicating little or no value, and a 5 indicating high value.

|     | Function/Capability   | 1 - 5 |
|-----|---|-------|
| 5.1 | Patient and plan eligibility verification                     | 5     |
| 5.2 | Claims preparation with electronic submission                 | 5     |
| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 4     |
| 5.5 | Claims inquiry services and/or reporting                      | 5     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 5     |
| 5.7 | Single entry billing and accounts receivable                  | 5     |
| 5.8 | Practice management, including ad hoc reporting capability    | —     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | —     |
| 6.0 | Management of local clinical information                      | —     |
| 6.1 | Electronic funds transfer                                     | 5     |
| 6.2 | Interfaces to third party in-house applications               | 4     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 4     |
| 6.4 | Electronic mail (including special interest documents)        | 5     |
| 6.5 | Automated updates of coding standards and software releases   | 5     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 5.1 Patient eligibility verification
- 6.7 5.3 Pre-adjudication services
- 6.8 6.1 Electronic funds transfer
- 6.9 6.5 Automated updates of coding standards and software releases



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

5

8.0 The design of the integrated suite of applications we've been discussing is extendible to permit a comparable handling of clinical transactions, including the distribution and interchange of clinical information such as X-ray or other image based data through compound documents. Would a future commitment to the extension of the offering to clinical transaction be a strong inducement to adoption of the proposed offering?

Yes

No

9.0 Do you have any plans to examine new systems or approaches to the management of healthcare business transaction in the future?

Yes

No

9.1 If so, in what time frame?

1 - 2 Years

3 - 5 Years

10.0 Could you possibly estimate the percentage of your (your institution's) total revenue spent on processing the types of administrative transactions discussed throughout this interview?

\_\_\_\_\_ %

I want to thank you for participating in our survey. A synopsis of the results will be mailed to you by no later than January of 1993.



## INPUT Questionnaire

Project Code/Catalog No. YWL4CStudy Title: HealthCare ServicesInterviewer Initials JRS

Type of Interview:

Vendor    Telephone  
 User    On-Site  
 Other    Mail

Interview Date 01/08/92QC Initials       QC Date       Data Entry Initials       Data Entry Date       HMC

Sic code:

Company: Costa Rica Health Plan Inc.Company Type: 6324Address: 2502 Morgan Blvd.  
Corpus Christi, TX.  
78405-1891Sales: under 100M# Employees: 50

City/State/Zip: \_\_\_\_\_

Main Phone: 1 \_\_\_\_\_ FAX #: \_\_\_\_\_

Respondent(s):

Name Jackie CarpenterTitle Comp. Gr. Mgr.

Phone/Ext. \_\_\_\_\_

Referrals:

Industry (User Interviews Only):

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Discrete Mfg.  | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Federal Government       |
| <input type="checkbox"/> Process Mfg.   | <input type="checkbox"/> Banking/Finance      | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Consumer/Home            |
| <input type="checkbox"/> Utilities      | <input checked="" type="checkbox"/> Medical   | <input type="checkbox"/> Other Industry Specific  |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Services             | <input type="checkbox"/> Cross-Industry           |
| <input type="checkbox"/> Retail         | <input type="checkbox"/> Education            |   |

Comments:



## INTERVIEW GUIDE - YWLHC

## OPENING

INPUT is currently talking to a significant number of healthcare providers regarding their requirements for, and interest in, a computer based offering which addresses the efficient processing and management of business transactions between providers of healthcare services (hospitals, group practices, individual doctors, etc.) and other industry participants such as insurance carriers, clinical laboratories, specialty physicians, HMOs/PPOs. I would like to take about 10 minutes of your time to inquire about your current approach to managing these types of activities, and to get your opinion on what kinds of capabilities you feel would be of significant value in simplifying your business interactions with patients and other participants in the healthcare community.

In return for your generous contribution of time, INPUT will be sending you a 5 to 10 page synopsis of the results of this study.

## DEMOGRAPHICS

1.0 Which of the following best describes your position/institution as a provider of healthcare services? (Check appropriate category.)

Independent Physician  HMO

Small Group Practice Member  Small to Medium Sized Hospital

Large Group Practice  Major Hospital/Teaching Institution

Other (Please Describe):

Salos over 100 mil? no  
.. " " 500 " ? no

under 100 m.



## CURRENT PROVIDER CAPABILITIES

We would like to get a feel for how your organization (you) currently handle various types of transactions and information management activities. In order to do so, we have prepared a list of typical transactions. For each, I'd like to know whether you currently handle them in-house or utilize an outside service; whether they are automated or not, and to what degree your satisfied with the current approach. (I = In-House, S = Outside Service; M = Manual System, A = Automated System; Degree of Satisfaction Measured on a Scale of 1 - 5 with 1 Indicating Highly Dissatisfied and 5 Indicating Highly Satisfied. In situations where an outside supplier or package is being used, the interviewer should attempt to identify in column "d")

|     | Function Capability                                 | (a)<br>I/S | (b)<br>M/A | (c)<br>1 - 5 | (d)<br>Supplier/Package |
|-----|---|------------|------------|--------------|-------------------------|
| 2.0 | Patient & Plan Eligibility Verification             | I          | A          | 4            | <i>Syntex/own</i>       |
| 2.1 | Claims Preparation (Paper Submission)               | I          | A          | 5            | <i>software</i>         |
| 2.2 | Claims Preparation (Electronic Submission)          | I          | A          | 4            |                         |
| 2.3 | Pre-adjudication Services                           | I          | M          | 2            |                         |
| 2.4 | Claims Re-submission (And Follow-Up)                | I          | A          | 4            |                         |
| 2.5 | Claims Inquiry Reporting                            | I          | A          | 4            |                         |
| 2.6 | Electronic Posting of EOB (Explanation of Benefits) | I          | A          | 5            |                         |
| 2.7 | Single Entry Billing & A/R                          | I          | A          | 5            |                         |
| 2.8 | Accounts Payable                                    | I          | A          | 4            |                         |
| 2.9 | Practice Management (Including Ad-Hoc Reporting)    |            |            |              |                         |
| 3.0 | Patient Management & Scheduling                     |            |            |              |                         |
| 3.1 | Mgt. of Local Clinical Information                  | I          | A          | 4            |                         |
| 3.2 | Inventory Management                                | I          | M          | 2            |                         |



## CURRENT IN-HOUSE COMPUTING CAPABILITY

4.0 Which of the following best describes your current in-house computing capability?

Standalone PCs or Workstations

Local Area Network(s)

Minicomputer/Mainframe(s) with Dumb Workstations

Minicomputer/Mainframe(s) Connected to Local Area Network(s)

Other (Please Describe): \_\_\_\_\_

In order to get a feeling for the scale of your internal computing facilities could you please give me an estimate of how many of each of the following types of devices you currently have in-house, and who are the primary vendors used.

|     | Type of Device        | (a)<br>Number | (b)<br>Vendor(s) |
|-----|-----------------------|---------------|------------------|
| 4.1 | PCs or Workstations   | 40            | IBM, Esprito     |
| 4.2 | Minicomputer(s)       |               |                  |
| 4.3 | Mainframe(s)          | 1             | Sequioa          |
| 4.4 | Local Area Network(s) | 1             | 10n              |



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| 5.3 | Pre-adjudication services                                     | 5     |
| 5.4 | Automated claims re-submission                                | 5     |
| 5.5 | Claims inquiry services and/or reporting                      | 4     |
| 5.6 | Electronic posting of EOB (Explanation of Benefits)           | 5     |
| 5.7 | Single entry billing and accounts receivable                  | 5     |
| 5.8 | Practice management, including ad hoc reporting capability    | —     |
| 5.9 | Patient management and resource scheduling (hosp., tests....) | —     |
| 6.0 | Management of local clinical information                      | —     |
| 6.1 | Electronic funds transfer                                     | 5     |
| 6.2 | Interfaces to third party in-house applications               | 5     |
| 6.3 | Inventory management - electronic re-ordering of supplies     | 4     |
| 6.4 | Electronic mail (including special interest documents)        | 5     |
| 6.5 | Automated updates of coding standards and software releases   | 4     |

Could you please list the four most important features or capabilities, including any not mentioned above.

- 6.6 5.3 Pre-adjudication services
- 6.7 6.1 Electronic funds transfer
- 6.8 6.3 Inventory mgt
- 6.9 6.5 Automated updates of coding standards & software releases.



## OTHER QUESTIONS

7.0 On a scale of 1 - 5 (with 1 being unimportant and 5 being very important) how important is it to you (your institution) that the computer based products and services you buy in the future to handle healthcare business transaction are integrated and provide a common user interface?

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Yes

No

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